MAXIMUS Federal Services

Case Number:	CM14-0117114		
Date Assigned:	09/16/2014	Date of Injury:	01/20/2011
Decision Date:	11/28/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Ophthalmology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year-old male with a date of injury on 1/20/2011, in which he allegedly developed pterygium in both eyes after exposure to chemicals. The patient previously had the pterygium excised, but now has recurred. On encounter dated 7/8/14, the patient complains of itchy eyelids, dry eyes, "spider web" in the left eye, and decreased vision. Visual acuity is 20/30 right eye (OD) and 20/100 left eye (OS). Exam is significant for blepharitis and pterygium recurrence. The patient was approved for excision of recurrent pterygium with an amniotic membrane graft (CPT 65710 and 68335). Request is made for "corneal transplant."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Corneal Transplant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pterygium Treatment and Management Medscape, April 2013 http://emedicine.medscape.com/article/1192527-treatment#a1128

Decision rationale: As stated in the previous review, it is highly unlikely that the pterygium developed due to chemical exposure - which usually causes corneal scarring. After excision of

pterygium, the highest risk is recurrence, which can occur in up to 30% of cases. The standard treatment for symptomatic pterygium is excision and placement of amniotic membrane graft or conjunctival auto graft to cover the defect. The proposed surgery of "corneal transplant" is miscoded. CPT 65400 (superficial keratectomy) is included in CPT 65710 (excision of pterygium) and is not separately reimbursable.